



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**DRY CLEANING FACILITY
REGISTRATION APPLICATION**

L-2093
(Rev. 7/7/04)
4181

PLEASE PRINT OR TYPE ALL INFORMATION

OWNER, PARTNERSHIP, OR CORPORATION CHARTER NAME		FOR OFFICE USE ONLY	
PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)		SID NUMBER _____	
STREET _____		FILE NUMBER _____	
CITY _____	COUNTY (REQUIRED) _____	TRADE NAME (DOING BUSINESS AS) _____	
STATE _____		BUSINESS PHONE NUMBER _____	
ZIP _____		DAYTIME PHONE NUMBER _____	
MAILING ADDRESS (FOR ALL CORRESPONDENCE)		FEDERAL IDENTIFICATION NUMBER _____	
IN CARE OF _____		S.C. SALES TAX NUMBER _____	
STREET _____		OPEN DATE _____	
CITY _____			
COUNTY _____			
STATE _____			
ZIP _____			
TYPE OF OWNERSHIP			
<input type="checkbox"/> SOLE PROPRIETOR (ONE OWNER)			
<input type="checkbox"/> PARTNERSHIP (TWO OR MORE OWNERS)			
<input type="checkbox"/> OTHER (EXPLAIN _____)			
<input type="checkbox"/> LLC/LLP			
<input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____			
<input type="checkbox"/> SC CORPORATION DATE INC. _____			
<input type="checkbox"/> FOREIGN CORPORATION (attach copy of articles or certificate of authority). _____			
NAME(S) OF BUSINESS OWNER, PARTNERS, OR OFFICERS:			
SOCIAL SECURITY NUMBER	NAME/TITLE	HOME ADDRESS	IF PARTNER PERCENT OWNED

Solvent Used _____ Name of Solvent Supplier _____

REGISTRATION FEE

The number of employees employed by the owner for the twelve month period preceding payment of the fee is: (check one)

☐ (1) Up to four employees - \$ 750.00 ☐ (2) Five to ten employees - \$1500.00 ☐ (3) Eleven or more employees - \$2250.00

STATE OF _____ COUNTY OF _____

Personally appeared before me _____
who being duly sworn deposes and says: (Taxpayer's Name)

That he is the _____ of the Company whose title and address appears
(Title)

hereon and that the information contained in this application for a dry cleaning facility registration, is true and correct.

Sworn to and subscribed before me this _____ day of, _____ year of _____ .

(Taxpayer Signature) _____ (L.S.)
Notary Public

Mail this application and registration fee to: SC Department of Revenue, Registration, Columbia, SC 29214-0140.
Telephone: (803) 898-5872

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-1 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.